



July 2003

To submit information, update, or ask questions, please contact Diana Der Koorkanian at (301) 594-4113 or by e-mail: dderkoorkanian@hrsa.gov

LATE BREAKING NEWS

Greetings!

BUREAU OF PRIMARY HEALTH CARE GRANTEE MEETING UPDATE: It was great to see the strong CAP turnout for the 2003 All Primary Health Care Grantee Meeting June 29-July 2, 2003 in Washington, D.C. CAP grantees that were unable to attend will soon be able to download the majority of presentation materials from the meeting on the BPHC website: www.bphc.hrsa.gov. All CAP grantee presentations from the meeting are currently available. To request these PowerPoint presentations, please email the request to capcentraloffice@hrsa.gov.

We would like to thank the following CAP grantees for their excellent presentations and participation in the "Vertical Integration-Health Care Systems Examples" and Sunday CAP Sessions: Richard Kalish of Boston Health Net, Boston, MA; Mark Redding of the Mansfield, OH Community Health Access Project (CHAP); Bob Pratt of Healthy Futures, Kalamazoo, MI; Anne Nelson of Project Access, Wichita, KS; Lisa Baumann of the Healthy Northeast Access Program, Scranton, PA; and David Rogoff of the Hillsborough County, Board of County Commissioners, Tampa, FL.

CAP DATA MANAGEMENT SYSTEM (CAP DMS) QUERY TOOLS NOW AVAILABLE: CAP grantees may use the query tools by entering the CAP DMS system using the same user ID and password that they use to print their own 6-Month Update Reports. Currently both the "Grantee Activities Tool" and the "Grantee Collaborative Member Tool" are available. Another new feature has also been added to the website (underneath the login section) to request missing or forgotten user IDs and passwords for system access. CAP grantees that require any other assistance accessing the system should email their questions to cap@synthesisps.com.

NEW PROCESS FOR UPDATING CAP PRIMARY & EVALUATION CONTACTS: CAP maintains one list of primary contacts per each grantee community. CAP grantees may now update both their primary contact and evaluation contact information through the DMS, which will require using the same user ID and password they use to access the query tools and to print reports. Grantees will be able to view their

INSIDE

LATE BREAKING NEWS

**TECHNICAL ASSISTANCE
CALLS SCHEDULE**

GRANTEE NEWS

**GRANT OPPORTUNITIES
AND AWARDS**

**CONFERENCES,
PROGRAMS, AND OTHER
NEWS**

**REPORTS AND
ISSUE BRIEFS**

WEB RESOURCES

current contact information and make any edits/updates to this information. In naming the primary contact, please select a person who checks their email frequently and will share any relevant information or materials with the rest of the CAP consortium members quickly and effectively.

NEW YORK UNIVERSITY (NYU) EMERGENCY DEPARTMENT (ED) ALGORITHM:

The NYU Center for Health and Public Service Research has developed an algorithm to help classify ED utilization. In December of 2001, John Billings, Director of the Center for Health and Public Service Research, led a CAP technical assistance call to present the development of the algorithm and to explain how communities can use the algorithm to analyze emergency department utilization. Over 30 CAP communities have used the algorithm to analyze local hospital data or are considering doing so as a part of their local evaluation efforts.

During the past year the CAP central office has worked with NYU to make the algorithm available for use by grantees in a Microsoft Access format. The Access program is now available for download, along with a SAS program and a program in SPSS. Go to <http://www.nyu.edu/wagner/chpsr/index.html?p=25> to access the downloadable programs, review background information and to read relevant articles published by Billings and colleagues. Go to the CAP "Prior TA Calls" section of the Grantee website to review the December 11, 2001 TA call summary on the topic.

CAP MONITORING REPORTS: Please note that the DMS will be available to accept monitoring data **between August 18, 2003 and September 30, 2003**. During that time each CAP community will be required to enter monitoring data for the reference period of March 1, 2003-August 31, 2003. Communities are strongly encouraged to organize and document their data prior to August 18th.

Thanks!
Diana

CAP TA CALLS

Technical Assistance Calls

Technical assistance calls for grantees are held every other Thursday from 2 to 3 PM EST. The schedule for July appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP Website: **www.capcommunity.hrsa.gov**. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact Shandy at **scampbell@mac1988.com** or call 301-468-6006 x437.

CAP TA Calls

Date

Topic

July 24

Other Health and Human Services Resources: Linking with Social Services and Economic Development (*TENTATIVE*)

Further details to be announced on the CAP grantee website.

With the exception of calls related to legal issues, TA calls are summarized and posted on the CAP website (www.capcommunity.hrsa.gov). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

GRANTEE NEWS

Macoupin County Community Access Program

Carlinville, Illinois

The Macoupin County Community Access Program's Project CARE (Care, Access, Resources and Empowerment) Community Care Health Care Center has served over 1800 residents to date. Project coordinators have also implemented the Mega West Program of Companion Technologies and are in the process of billing for Medicaid, Medicare, and private insurances electronically, while also printing bills for private payment. Media and outreach campaigns have been developed and staff are participating in county events to display information on services offered by Project CARE and to educate citizens about prevention and treatment of certain diseases. A third-share plan is being developed to provide health coverage for working uninsured persons in which the employer, employee, and health plan administration each pay 1/3 of the cost of the coverage at a rate of no more than \$45 for each third. This plan is targeted towards small businesses with no more than 50 employees.

To date, 176 prescriptions have been filled for 66 people for short-term use and 303 prescriptions have been filled for 126 people for long-term use to treat chronic diseases. This success is due to outreach workers offering assistance in completing applications to indigent pharmaceutical assistance programs and a system with local pharmacies in which the health department pays for the first month of medication. The health department has also developed the Macoupin Meds Pharmacy Discount Card, which is free to any county resident, with no income or age requirements, and provides card-holders with a 20 percent discount on prescriptions over a period of time. Thus far, 2200 cards have been issued providing an estimated savings of 21 percent. For more information, please contact Kathy Newhall, CAP Coordinator at knewhall@mcphd.net.

Healthy Northeast Access Program (HNAP)

Scranton, Pennsylvania

The Healthy Northeast Access Program (HNAP) and the University of Scranton have partnered to develop a system of care for the uninsured. A major recent achievement is that the University reduced their previously negotiated indirect cost rate from 54.03% to 15%, ensuring maximum benefit to the community and increasing the likelihood of success for the HNAP (many thanks to CAP Project Officer Rick Wilk for his assistance with this effort!).

The \$105,246 is now available to link an additional 300 uninsured persons to a primary care home, including linkages to affordable pharmaceuticals, dental care, specialty care and transportation. In addition, clients receive an enrollment kit (self-care guide, thermometer, dental care items), a personalized health risk assessment, and the services of a care coordinator (nurse practitioner) to help clients navigate the system and provide individualized education and quality-of-life improvement support.

The savings will also be used to meet the double-digit increase in Spanish-speaking patients at the primary care sites. A series of customized Spanish classes are being offered on-site for the participating HNAP medical/dental providers. Clinical and clerical staff will be taught basic skills which enable them to converse with and assess patients using the Spanish language. Congratulations to the Healthy Northeast Access Program and the University of Scranton for their creative partnership to get access to the medically underserved in northeastern Pennsylvania! For more information on HNAP, please contact Lisa Baumann at LBaumann@HealthyNEAccess.org

Primary Care Access Network (PCAN)

Orlando, Florida

It is estimated that 175,000 people in Orange County are uninsured. The safety net for these individuals is CAP grantee, the Primary Care Access Network (PCAN), a collaboration of county agencies, area hospitals, FQHCs, local foundations, mental health and substance abuse organizations, and non-profit health care and service providers. The collaboration also includes a faith-based organization whose mission is "to make health care available to everyone [the uninsured and underinsured residents of Orange County] in our community."

PCAN has established nine fully operational clinics throughout the County which offer a variety of services such as primary care, dental care, medical care for the homeless, radiology, pharmacy, diagnostic labs, pre-natal care, etc. Co-pays for the uninsured are based on income and patients are seen at a reduced rate or for free. In addition, patients with chronic illnesses can obtain a referral to a specialist through SpecialCare, Inc., a network of volunteer physicians, medical providers and hospitals that provide specialty medical care for eligible adults. There is no co-pay charged to a patient in SpecialCare. Currently the PCAN network has over 900 medical volunteers, 400 of those being physicians. It is estimated that their

donated services amount to over \$2 million in services for indigent patients.

Other major PCAN accomplishments include: An increase in patients enrolled in PCAN Medical Homes from 12,000 in 2001 to over 27,000 in 2002 with 70% of the 27,000 patients seen this year being uninsured. PCAN plans to continue community education efforts and outreach programs and its brochures will soon be available in Creole, Vietnamese, and Portuguese, adding to the existing English and Spanish versions. PCAN also received two awards from the National Association of County Information Officers (NACIO): Its video was recognized as "Best of Class" -- the highest award, and the PCAN brochure was given an "Excellent" rating, also a top honor.

In addition, Dr. Ellis was awarded the "Physician Political Award" by the Florida Medical Business Journal. PCAN is also proud to have presented an update to the Orange County Board of County Commissioners on April 22, 2003. Overall, PCAN is a unique, self-sustaining collaborative, bridging the myth that government and the private sector cannot work together to achieve solutions. For more information regarding the PCAN initiative please contact Margaret Brennan, PCAN Administrator/CAP Project Manager at Margaret.Brennan@ocfl.net.

GRANT OPPORTUNITIES AND AWARDS

Environmental Justice Problem Solving Grants

Application Deadline: September 30, 2003

The U.S. Environmental Protection Agency's Office of Environmental Justice (OEJ) has created a new grants program called the "Environmental Justice Collaborative Problem Solving Grant Program." The grants program provides financial assistance to community-based organizations that wish to engage in capacity-building initiatives and also utilize constructive engagement and collaborative problem-solving to seek viable solutions for their community's environmental and/or public health issues.

Fifteen grants will be awarded by January 2004 and all awards will be in the amount of \$100,000 to be used over a three-year period. Universities

are not eligible to apply, but they may be a partnership member. The Request for Applications (RFA) for the new Collaborative Problem-Solving Grant Program may be downloaded from: <http://www.epa.gov/compliance/recent/ej.html>.

Community Health Leadership Program Awards

Application Deadline: September 22, 2003

The Robert Wood Johnson Community Health Leadership Program honors community health leaders for their work in addressing some of today's most complex health problems in communities across the United States. The award includes a grant of \$120,000: \$105,000 for support of the leader's program, and \$15,000 as a personal stipend. Community-based health

providers and advocates in mid-career who have created or significantly improved health programs in local communities where health care needs have been ignored and unmet are eligible to be nominated. Nominees must be U.S. citizens or permanent residents of the fifty states, D.C., or Puerto Rico. In addition, they must currently be working in their own local community (not on a national or international level) in affiliation with a nonprofit or government agency on a three-quarter to full-time basis. Under this program, "mid-career" is defined as not less than five and not more than a total of fifteen years in the field of community-based health.

The program welcomes nominations of people who are addressing factors that affect the overall health of community members, including promotion of healthy behaviors, mental health, youth development, violence prevention, environmental health, and community development. Nominations are invited from consumers, community leaders, health professionals, government officials, and others who have been personally inspired by people providing essential community health services. Nominations from development and public relations departments or professional grant-writers cannot be accepted. Visit the program's website: <http://www.communityhealthleaders.org/> for complete guidelines.

CONFERENCES, PROGRAMS, AND OTHER NEWS

Volunteers in Health Care Teleworkshops

August-September 2003

The following Teleworkshops may be of interest to CAP grantees. For registration information, visit: <http://www.volunteersinhealthcare.org/>. Interested grantees should register early, as space is limited.

Grantwriting Tips: August 19th at 2pm

Having trouble getting funding from foundations and wondering why? This teleworkshop, hosted by Volunteers in Health Care staff, will provide some tips about grantwriting and the RFP process, including how to make a personal connection with foundations. The call will also include information on the most likely foundations to fund health care initiatives and other foundations that you might be overlooking. **Registration for this call will begin on August 1st.**

Partnering with Academic Institutions: September 9th at 2pm

Are you currently working with an academic institution, but feel there might be more that students could be doing at your program? Are you interested in working with an academic institution, but unsure how to approach the school administration? Or, are you wondering what value a partnership with an academic institution might bring to your program? If so,

this teleworkshop is for you. **Registration for this call will begin on August 20th.**

2003 Association for Community Health Improvement Conference

October 23-25, 2003 Nashville, Tennessee

The Association for Community Health Improvement (ACHI) 2003 annual conference, *Community Health in Challenging Times: Proven Practices, Promising Innovations* will take place in Nashville, Tennessee from October 23-25. This national community health and healthy communities gathering will offer educational and networking opportunities focused on four topic tracks: Achieving Health Equity, Securing Resources, Maximizing Access and Coverage, and Advocating Healthy Policy. ACHI is hosting the annual conference

with Communities Joined in Action, an access to care and health disparities coalition. Other participating organizations include: the Catholic Health Association, National Association of County and City Health Officials, Health Forum Fellowship Programs, and the VHA Health Foundation. Additional information can be found at www.communityhlth.org/conference/annual.html.

REPORTS AND ISSUE BRIEFS

Price of the Uninsured

A recent report issued by the Institute of Medicine (IOM) *Hidden Costs, Value Lost: Uninsurance in America*, the fifth of a series of six reports on the consequences of uninsurance in the United States, illustrates some of the economic and social losses to the country of maintaining so many people without health insurance. The report explores the potential economic and societal benefits that could be realized if everyone had health insurance on a continuous basis, as people over age 65 currently do with Medicare. In the report, the Committee concludes that the estimated benefits across society in health years of life gained by providing the uninsured with the kind and amount of health services that the insured use are likely greater than the additional social costs of doing so. The estimated potential economic value to be gained in better health outcomes from uninterrupted coverage for all Americans is estimated to be between \$65 and \$130 billion each year. The report brief and related report briefs from the series on the consequences of uninsurance may be found at: <http://www.iom.edu/report.asp?id=12313>.

New Men's Health Tool

The Agency for Healthcare Research and Quality (AHRQ) has released a new men's health tool, *A Checklist for Your Next Checkup*. The checklist shows at a glance what the U.S. Preventive Services Task Force recommends regarding seven important medical screening tests for men and offers other important information on ways to stay healthy.

The Checklist for Your Next Checkup, a pocket-size brochure, is designed for men to take with them when they visit their health care providers to make it easier to discuss what screening tests they might need. The checklist also includes recommendations about cholesterol checks, tests for high blood pressure, colorectal cancer, diabetes, depression, sexually transmitted diseases, and prostate cancer. It also provides tips on staying healthy, such as eating a healthy diet and exercising, and includes a chart for men to jot down their screening test history and plan their next appointments.

The new *Checklist for Your Next Checkup* is available on the AHRQ Web site in English at <http://www.ahrq.gov/ppip/healthymen.htm> and in Spanish at <http://www.ahrq.gov/ppip/healthymensp.htm>. Copies of the tool and related materials, including a comprehensive health guide called *The Pocket Guide to Good Health for Adults*, are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an E-mail to ahrqpubs@ahrq.gov. A complete listing of recommendations from the Task Force and the program that helps implement these recommendations, Put Prevention Into Practice, can be found at <http://www.ahrq.gov/clinic/prevenix.htm>.

The Uninsured and Medical Technology

Despite advances in medical technology, patients without health insurance do not have the same access to innovative treatments as insured patients. Moreover, according to the recent report published in the journal *Health Affairs* (July/August 2003), it is costing the health system and society billions of dollars in higher morbidity and mortality. *The Uninsured and the Benefits of Medical Progress* documents the disparity between the insured and uninsured populations in the use of medical technology for treating three common conditions: heart attack, cataracts, and depression.

Focusing on the 55-to-64 age group, the authors found that for each condition, use of the latest treatment technology was lowest among the uninsured group. They estimate the extra costs associated with higher morbidity and mortality for these uninsured patients at \$1.1 billion. Greater access to the latest medical technology for treatment of all three conditions would make a major difference in patients' lives and incurred costs. The authors conclude that as technology continues to improve, the potential losses—both health-related and economic—will only grow if barriers to insurance are not addressed. The article summary is available at: http://www.cmwf.org/programs/insurance/glied_uninsured&benefits_itl_661.pdf.

WEB RESOURCES

Health Insurance Portability and Accountability Act (HIPAA) Focus

Looking for additional HIPAA resources? The following sites may assist you in your search:

HIPAA Privacy Resources from the Office for Civil Rights

For questions about the Privacy Rule, please review the following resources from the U.S. Department of Health and Human Services Office for Civil Rights (OCR):

- **Responses to Frequently Asked Questions (FAQs):** <http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php?p_sid=ySEcB8Eg&p_lva=&p_li=&p_page=1&p_cat_lv1=7&p_cat_lv2=%7Eany%7E&p_search_text=&p_new_search=1>

If you are unable to find the information you were seeking, you may submit an e-mail to: OCRPrivacy@hhs.gov. Individual responses will not be provided, however, OCR will address concerns of general interest through development of new FAQs or other guidance for inclusion on the OCR web site.

- **Summary and Guidance on the Privacy Rule:** <http://www.hhs.gov/ocr/hipaa/privacy.html>
- **HIPAA Toll-Free Number:** You may also call the HIPAA toll-free number at **1-866-627-7748**. This number is staffed by a call center. If the staff cannot answer the question it is sent to OCR where someone will respond within two days.

HIPAA Information Series for Providers

This series of ten information briefs presents a “to the point” approach describing HIPAA, what it means to providers, and what is needed to prepare for the electronic transactions and code sets requirements for October 16, 2003. All ten papers are available on the Centers for Medicare and Medicaid Services (CMS) website. These may be of particular interest to some CAP grantees, covering such topics as “What electronic transactions and code sets are standardized under

HIPAA?” and “Is your software vendor or billing service ready for HIPAA?” To access these resources, visit: <http://www.cms.hhs.gov/hipaa/hipaa2/education/infoserie/>.

More HIPAA Tools from the Centers for Medicare and Medicaid Services (CMS)

- The **Small Provider Checklist Tool** can help you determine the first steps needed to prepare for HIPAA: <http://www.cms.hhs.gov/hipaa/hipaa2/education/ReadinessChkLst.pdf>
Also available in Spanish: <http://www.cms.hhs.gov/hipaa/hipaa2/education/ReadinessChkLstEsp.pdf>
- The **Covered Entity Decision Tool** may help determine if you are covered by HIPAA: <http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp>
- **Medicare Free/Low Cost HIPAA Billing Software:** If you bill Medicare, there may be software available to you free or for a small charge. This software is designed only for Medicare claims. Access the following link for your appropriate state contact for more information: <http://cms.hhs.gov/providers/edi/>.
- **Medicaid HIPAA Information:** This link provides more information on HIPAA for Medicaid providers from CMS: <http://www.cms.hhs.gov/medicaid/hipaa/adminsim/>. Presentations from the 2003 National Medicaid HIPAA and MMIS Conference held in New Orleans, LA February 9-13, 2003 are also available at: <http://www.cms.hhs.gov/medicaid/hipaa/adminsim/0203laconf/>.